

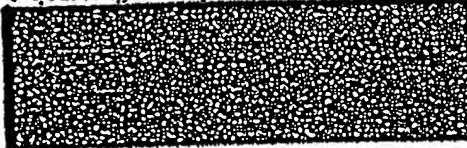
## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

10 / 18436

DATE: <u>3-13</u>	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2631</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>375</u>	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input checked="" type="checkbox"/> (check box)
	D. See Claim(s): <u>201 / prelin. Amot</u>
FURTHER EXPLANATION IF NEEDED:	

Copy Service &amp; Correlation

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	